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**** CONTINUING DATA ******* *None* *al*

**** FOREIGN APPLICATIONS ******* *None* *al*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 05/11/2004 **** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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ADDRESS
21917

TITLE
Static anterior cervical plate

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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